

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Not Who We Are PAC

ADDRESS (number and street)

611 Pennsylvania Avenue SE

Suite 143

Washington

DC

20003

☐ Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00623082

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
10 20 2016

through

M M M / D D D / Y Y Y Y Y Y
11 28 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Hendler, Josh, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Hendler, Josh, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
12 08 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Not Who We Are PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		20		2016

To:

M M	/	D D	/	Y Y Y Y Y
11		28		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
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colspan="5">2016</td></tr></table>	Y	Y	Y	Y	Y	2016						<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><t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This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Not Who We Are PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
10		20		2016

To:

M M	/	D D	/	Y Y Y Y Y Y
11		28		2016

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1500.00

726500.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

1500.00

726500.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

1500.00

726500.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

1500.00

726500.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

1500.00

726500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	181117.03	534918.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	181117.03	534918.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	42950.00	104225.29
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	224067.03	639143.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	224067.03	639143.85

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1500.00	726500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1500.00	726500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	181117.03	534918.56
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	181117.03	534918.56

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Not Who We Are PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Staley, David, Jonathan, ,

Mailing Address 877 Domain Way

City
Redding

State
CA

Zip Code
96003-5084

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rogue Music Alliance

Occupation (for Individual)
Co-Founder

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2016

Transaction ID : VSHE2DD10X8

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

1500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Not Who We Are PAC

Full Name (Last, First, Middle Initial)

A. Christian Shultz

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	8			2	0	1	6		

Mailing Address 3200 Sagestone Dr
Apt 6209City
Fort WorthState
TXZip Code
76177-1914Purpose of Disbursement
Video Production Allocated to IE Expenditure Reported on 10/29

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : VSGET9TSZ6**

Amount of Each Disbursement this Period

-15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Expedia, Inc.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	1			2	0	1	6		

Mailing Address 333 108th Ave NE

City
BellevueState
WAZip Code
98004-5703Purpose of Disbursement
Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : VSGET9TVST**

Amount of Each Disbursement this Period

186.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. 18th Street Projects, LLC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	1			2	0	1	6		

Mailing Address PO Box 416

City
CraneState
MOZip Code
65633-0416Purpose of Disbursement
Digital Services, Outreach, Organizing and Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : VSGET9TM6**

Amount of Each Disbursement this Period

22864.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8050.30

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Not Who We Are PAC

Full Name (Last, First, Middle Initial)

A. Tunis, Jeremy, D., , EsqMailing Address 613 Williamson St
Ste 210City
MadisonState
WIZip Code
53703-3515Purpose of Disbursement
Travel and Supplies Reimbursement Below If Itemized

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	1			2	0	1	6		

FEC Identification Number

C**Transaction ID : VSGET9TW6**

Amount of Each Disbursement this Period

1346.64

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Uber Technologies, Inc.

Mailing Address 1455 Market St

City
San FranciscoState
CAZip Code
94103-1331Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	1			2	0	1	6		

FEC Identification Number

C**Transaction ID : VSGET9TW7**

Amount of Each Disbursement this Period

13.77

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Fry's Electronics

Mailing Address 6845 Las Vegas Blvd S

City
Las VegasState
NVZip Code
89119-3300Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	1			2	0	1	6		

FEC Identification Number

C**Transaction ID : VSGET9TW7**

Amount of Each Disbursement this Period

270.32

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1346.64

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Not Who We Are PAC

Full Name (Last, First, Middle Initial)

A. Delta Airlines

Mailing Address 1030 Delta Blvd

City
AtlantaState
GAZip Code
30354-1989Purpose of Disbursement
Travel

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2016			

FEC Identification Number

C**Transaction ID : VSGET9TW7!**

Amount of Each Disbursement this Period

311.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Southwest Airlines

Mailing Address 2702 Love Field Dr

City
DallasState
TXZip Code
75235-1908Purpose of Disbursement
Travel

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2016			

FEC Identification Number

C**Transaction ID : VSGET9TW7!**

Amount of Each Disbursement this Period

352.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Uber Technologies, Inc.

Mailing Address 1455 Market St

City
San FranciscoState
CAZip Code
94103-1331Purpose of Disbursement
Travel

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2016			

FEC Identification Number

C**Transaction ID : VSGET9TW7**

Amount of Each Disbursement this Period

221.39

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Not Who We Are PAC

Full Name (Last, First, Middle Initial)

A. MBA Consulting GroupMailing Address 611 Pennsylvania Ave SE
Ste 143City
WashingtonState
DCZip Code
20003-4303Purpose of Disbursement
Compliance & Accounting Consulting, Stamps

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	1			2	0	1	6		

FEC Identification Number

C**Transaction ID : VSGET9VDYI**

Amount of Each Disbursement this Period

1011.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. De Bonis, Danny, , ,

Mailing Address 343 Carl St

City
San FranciscoState
CAZip Code
94117-3702Purpose of Disbursement
Video Production

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	1			2	0	1	6		

FEC Identification Number

C**Transaction ID : VSGET9TM8C**

Amount of Each Disbursement this Period

62.50

☐ Memo Item Production costs will be reported on
Schedule E if or when it becomes
appropriate.

Full Name (Last, First, Middle Initial)

C. Purpose Campaigns LLCMailing Address 115 5th Ave
Fl 6City
New YorkState
NYZip Code
10003-1004Purpose of Disbursement
Strategic Consulting Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	8			2	0	1	6		

FEC Identification Number

C**Transaction ID : VSGET9TX4:**

Amount of Each Disbursement this Period

115000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

116074.25

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Not Who We Are PAC

Full Name (Last, First, Middle Initial)

A. Nguyen, Linh, Thuy, ,Mailing Address 38 1/2 Wolden Rd
Apt D-28City
OssiningState
NYZip Code
10562-5305Purpose of Disbursement
Travel Reimbursement Below If Itemized

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			21			2016					

FEC Identification Number

C**Transaction ID : VSGET9VDYI**

Amount of Each Disbursement this Period

860.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Fox Rent A Car

Mailing Address 1805 E Sky Harbor Cir S

City
PhoenixState
AZZip Code
85034-4805Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			21			2016					

FEC Identification Number

C**Transaction ID : VSGET9VDYI**

Amount of Each Disbursement this Period

571.53

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Expedia, Inc.

Mailing Address 333 108th Ave NE

City
BellevueState
WAZip Code
98004-5703Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			31			2016					

FEC Identification Number

C**Transaction ID : VSGET9TVS:**

Amount of Each Disbursement this Period

808.47

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1669.06

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Not Who We Are PAC

Full Name (Last, First, Middle Initial)

A. DreamitReel

Mailing Address 222 Broadway

City
New YorkState
NYZip Code
10038-2510Purpose of Disbursement
Video Production Allocated to IE Expenditure Reported on 10/28

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				27				2016					

FEC Identification Number

C**Transaction ID : VSGET9TSJY**

Amount of Each Disbursement this Period

-3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Amalgamated Bank

Mailing Address 1825 K St NW

City
WashingtonState
DCZip Code
20006-1202Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				25				2016					

FEC Identification Number

C**Transaction ID : VSGET9TRRC**

Amount of Each Disbursement this Period

43.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Clever Edge LLCMailing Address 2001 12th St NW
Apt 318City
WashingtonState
DCZip Code
20009-4580Purpose of Disbursement
Consultant Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				21				2016					

FEC Identification Number

C**Transaction ID : VSGET9TM8**

Amount of Each Disbursement this Period

1374.94

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

-1581.40

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Not Who We Are PAC

Full Name (Last, First, Middle Initial)

A. South Point Hotel Casino & Spa

Mailing Address 9777 Las Vegas Blvd S

City
Las VegasState
NVZip Code
89183-4013Purpose of Disbursement
Lodging

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			24			2016					

FEC Identification Number

C**Transaction ID : VSGET9TRD**

Amount of Each Disbursement this Period

872.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Joyner, Anna Jayne, , ,

Mailing Address 8395 Selma Ave

City
Perdido BeachState
ALZip Code
36530-6215Purpose of Disbursement
Media Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			31			2016					

FEC Identification Number

C**Transaction ID : VSGET9TW6**

Amount of Each Disbursement this Period

2250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WeWork Manhattan Laundry

Mailing Address 1348 Florida Ave NW

City
WashingtonState
DCZip Code
20009-4808Purpose of Disbursement
Office Rent

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			27			2016					

FEC Identification Number

C**Transaction ID : VSGET9TSJ**

Amount of Each Disbursement this Period

3540.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6662.78

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Not Who We Are PAC

Full Name (Last, First, Middle Initial)

A. Peter O'LearyMailing Address 1270 N Marion St
Apt 308City
DenverState
COZip Code
80218-2246Purpose of Disbursement
Video Production

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	1			2	0	1	6		

FEC Identification Number

C**Transaction ID : VSGET9TW6I**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item Production costs will be reported on
Schedule E if or when it becomes
appropriate.

Full Name (Last, First, Middle Initial)

B. 18th Street Projects, LLC

Mailing Address PO Box 416

City
CraneState
MOZip Code
65633-0416Purpose of Disbursement
Digital Services, Outreach, Organizing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			2	1			2	0	1	6		

FEC Identification Number

C**Transaction ID : VSGET9VDYI**

Amount of Each Disbursement this Period

13750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bell Transportation

Mailing Address 1900 Industrial Rd

City
Las VegasState
NVZip Code
89102-4610Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	1			2	0	1	6		

FEC Identification Number

C**Transaction ID : VSGET9TRR**

Amount of Each Disbursement this Period

451.06

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15201.06

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Not Who We Are PAC

Full Name (Last, First, Middle Initial)

A. Nguyen, Linh, Thuy, ,Mailing Address 38 1/2 Wolden Rd
Apt D-28City
OssiningState
NYZip Code
10562-5305Purpose of Disbursement
Travel Reimbursement Below If Itemized

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2016

FEC Identification Number

C**Transaction ID : VSGET9TW5I**

Amount of Each Disbursement this Period

380.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. South Point Hotel Casino & Spa

Mailing Address 9777 Las Vegas Blvd S

City
Las VegasState
NVZip Code
89183-4013Purpose of Disbursement
Meals

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2016

FEC Identification Number

C**Transaction ID : VSGET9TW5I**

Amount of Each Disbursement this Period

157.73

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. South Point Hotel Casino & Spa

Mailing Address 9777 Las Vegas Blvd S

City
Las VegasState
NVZip Code
89183-4013Purpose of Disbursement
Meals

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2016

FEC Identification Number

C**Transaction ID : VSGET9TW5I**

Amount of Each Disbursement this Period

161.01

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

380.35

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Not Who We Are PAC

Full Name (Last, First, Middle Initial)

A. PDQ Printing, Inc.

Mailing Address 3820 S Valley View Blvd

City
Las VegasState
NVZip Code
89103-2904Purpose of Disbursement
Printing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	3		2	0	1	6		

FEC Identification Number

C**Transaction ID : VSGET9TWG**

Amount of Each Disbursement this Period

283.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Amalgamated Bank

Mailing Address 1825 K St NW

City
WashingtonState
DCZip Code
20006-1202Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	5		2	0	1	6		

FEC Identification Number

C**Transaction ID : VSGET9VFDF**

Amount of Each Disbursement this Period

105.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Blue State Digital

Mailing Address 62187 Collection Center Dr

City
ChicagoState
ILZip Code
60693-0621Purpose of Disbursement
License Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	1		2	0	1	6		

FEC Identification Number

C**Transaction ID : VSGET9TM8**

Amount of Each Disbursement this Period

581.63

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

971.17

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 25

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Not Who We Are PAC

Full Name (Last, First, Middle Initial)

A. Zalkan, Pauline, , ,

Mailing Address 68 Jay St
Ste 201

City
Brooklyn

State
NY

Zip Code
11201-8359

Purpose of Disbursement
Digital Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 31 / 2016

FEC Identification Number

C

Transaction ID : VSGET9TW6I

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MBA Consulting Group

Mailing Address 611 Pennsylvania Ave SE
Ste 143

City
Washington

State
DC

Zip Code
20003-4303

Purpose of Disbursement
Compliance & Accounting Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 21 / 2016

FEC Identification Number

C

Transaction ID : VSGET9TM8I

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Combs, Bradley, , ,

Mailing Address 236 Wooded Bluff Ct

City
Henderson

State
NV

Zip Code
89014-6032

Purpose of Disbursement
Stipend and Travel Reimbursement Below If Itemized

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 31 / 2016

FEC Identification Number

C

Transaction ID : VSGET9TW6

Amount of Each Disbursement this Period

1037.08

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3537.08

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Not Who We Are PAC

Full Name (Last, First, Middle Initial)

A. De Bonis, Danny, , ,

Mailing Address 343 Carl St

City
San FranciscoState
CAZip Code
94117-3702Purpose of Disbursement
Video Production

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		31		2016

FEC Identification Number

C**Transaction ID : VSGET9TW7.**

Amount of Each Disbursement this Period

1460.50

☐ Memo Item Production costs will be reported on Schedule E if or when it becomes appropriate.

Full Name (Last, First, Middle Initial)

B. Expedia, Inc.

Mailing Address 333 108th Ave NE

City
BellevueState
WAZip Code
98004-5703Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		01		2016

FEC Identification Number

C**Transaction ID : VSGET9TVSV**

Amount of Each Disbursement this Period

80.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. 18th Street Projects, LLC

Mailing Address PO Box 416

City
CraneState
MOZip Code
65633-0416Purpose of Disbursement
Digital Services, Outreach, Organizing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		07		2016

FEC Identification Number

C**Transaction ID : VSGET9TWP**

Amount of Each Disbursement this Period

27000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

28540.50

180851.79

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Not Who We Are PAC

Full Name (Last, First, Middle Initial)

A. MoveOn.org Political Action

Mailing Address PO Box 96142

City
WashingtonState
DCZip Code
20090-6142Purpose of Disbursement
In-Kind - Staff Time

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			01			2016					

FEC Identification Number

C

Transaction ID : VSGET9VN2.

Amount of Each Disbursement this Period

56.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

0.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 20 OF 25
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Not Who We Are PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00623082 </div>
--	---

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Wilder, Marvin, D., , Jr.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y Y Y</div> <div>10 / 28 / 2016</div> </div>	
Mailing Address 1700 Nantuckett Ln Apt 202			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4400.00</div>	
City Charlotte	State NC	Zip Code 28270-3350		
Purpose of Expenditure Video Production		Category/ Type 	Transaction ID : VSGET9TM8T0 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y Y Y</div> <div>10 / 28 / 2016</div> </div>	
Name of Federal Candidate: <input type="checkbox"/> Support TRUMP, DONALD J., , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought 104225.29			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item DreamitReel			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y Y Y</div> <div>10 / 27 / 2016</div> </div>	
Mailing Address 222 Broadway			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3000.00</div>	
City New York	State NY	Zip Code 10038-2510		
Purpose of Expenditure Video Production		Category/ Type 	Transaction ID : VSGET9TSJZ0 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y Y Y</div> <div>10 / 27 / 2016</div> </div>	
Name of Federal Candidate: <input type="checkbox"/> Support TRUMP, DONALD J., , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought 104225.29			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	7400.00
(a) SUBTOTAL of Unitemized Independent Expenditures	▶	
(a) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hendler, Josh, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 21 OF 25
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Not Who We Are PAC				FEC IDENTIFICATION NUMBER ▼ C C00623082	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item 18th Street Projects, LLC				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 28 / 2016	
Mailing Address PO Box 416				Amount 1535.00	
City Crane		State MO		Zip Code 65633-0416	
Purpose of Expenditure Digital Ad Buy				Category/Type 	
Name of Federal Candidate: TRUMP, DONALD J., , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: 00	
Calendar Year-To-Date Per Election for Office Sought 104225.29				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Mysterious Ways, LLC				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 04 / 2016	
Mailing Address 40 Lindbergh Pkwy				Amount 500.00	
City Waldwick		State NJ		Zip Code 07463-1328	
Purpose of Expenditure Digital Ad Buy				Category/Type 	
Name of Federal Candidate: TRUMP, DONALD J., , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: 00	
Calendar Year-To-Date Per Election for Office Sought 104225.29				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 5px; width: 200px;"> 2035.00 </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Hendler, Josh, , ,</u>				Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 22 OF 25
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Not Who We Are PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00623082 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item 3tone LLC				Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 146 10th St				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5890.00</div>	
City Brooklyn		State NY		Zip Code 11215-3803	
Purpose of Expenditure Website Services				Category/Type 	
Name of Federal Candidate: TRUMP, DONALD J., , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: 00	
Calendar Year-To-Date Per Election for Office Sought 104225.29				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item 18th Street Projects, LLC				Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016	
Mailing Address PO Box 416				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1500.00</div>	
City Crane		State MO		Zip Code 65633-0416	
Purpose of Expenditure Digital Ad Buy				Category/Type 	
Name of Federal Candidate: TRUMP, DONALD J., , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: 00	
Calendar Year-To-Date Per Election for Office Sought 104225.29				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;">7390.00</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(a) TOTAL Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Hendler, Josh, , ,</i> [Electronically Filed]				Date MM / DD / YYYY 12 / 08 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Not Who We Are PAC				FEC IDENTIFICATION NUMBER ▼ C C00623082	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item De Bonis, Danny, , ,				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 25 / 2016	
Mailing Address 343 Carl St				Amount 125.00	
City San Francisco		State CA		Zip Code 94117-3702	
Purpose of Expenditure Video Production				Transaction ID : VSGET9TQCF4 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 25 / 2016	
Name of Federal Candidate: TRUMP, DONALD J., , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought 104225.29				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Halligan, Tobias, , ,				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016	
Mailing Address 91 Blyth St				Amount 500.00	
City Brunswick		State VI		Zip Code 3056	
Purpose of Expenditure Website Services				Transaction ID : VSGET9TV3T4 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 31 / 2016	
Name of Federal Candidate: TRUMP, DONALD J., , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought 104225.29				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures ▶				625.00	
(a) SUBTOTAL of Unitemized Independent Expenditures ▶					
(a) TOTAL Independent Expenditures ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Hendler, Josh, , ,</u>				Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 24 OF 25
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Not Who We Are PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00623082 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item Christian Shultz				Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 3200 Sagestone Dr Apt 6209				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15000.00</div>	
City Fort Worth		State TX		Zip Code 76177-1914	
Purpose of Expenditure Video Production				Transaction ID : VSGT9TSZ86 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2016	
Name of Federal Candidate: <input type="checkbox"/> Support TRUMP, DONALD J., , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought 104225.29				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Kavner, Lucas, , ,				Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2016	
Mailing Address 4934 Range View Ave				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1500.00</div>	
City Los Angeles		State CA		Zip Code 90042-1629	
Purpose of Expenditure Website Creative Development				Transaction ID : VSGT9TW7Q8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2016	
Name of Federal Candidate: <input type="checkbox"/> Support TRUMP, DONALD J., , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought 104225.29				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">16500.00</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Hendler, Josh, , , _____ Signature				Date MM / DD / YYYY 12 / 08 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 25 OF 25
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Not Who We Are PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00623082 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶			New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Full Name of Payee <input type="checkbox"/> Memo Item Blue Hour Creative, Inc.			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 25 / 2016 </div>	
Mailing Address 113 Monmouth Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9000.00 </div>	
City Atlantic Highlands	State NJ	Zip Code 07716-2216	Transaction ID : VSGET9TQCH9 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 25 / 2016 </div>	
Purpose of Expenditure Video Production			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: TRUMP, DONALD J., , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 104225.29 </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
City	State	Zip Code	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Purpose of Expenditure			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9000.00 </div>	
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 42950.00 </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Hendler, Josh, , ,</i>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 08 / 2016 </div>	

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